PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of Fee(s) Transmittal, The | mailing can only be used | for domestic mailings of the |
|--|---|--|--|---|--|---|
| 466 7590 10/01/2008 | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission. | | |
| YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| | | | | (Depositor's name) | | |
| | | | | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | TASKO DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/510,112 04/11/2005 Vincent Gaud 0608-1008 5065 TITLE OF INVENTION: PHOTOSENSITIVE ADHESIVE COMPOSITION | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | IT DESTA DAVIDAGE | | |
| nonprovisional | YES | \$720 | \$300 | | | |
| EXAMINI | | | | \$0 | \$1020 | 01/02/2009 |
| MCCLENDON, SANZA L | | ART UNIT | CLASS-SUBCLASS | | i | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single film (having as a member a registered attorneys or agents. If no name is listent the names of up to 2 registered attorneys or agents. If no name is listent the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single film (having as a member a registered attorneys or agents. If no name is listent the names of up to 2 registered attorneys or agents. If no name is listent the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of up to 3 registered patent attorneys or agents OR, alternatively, (3) the names of up to 3 registered patent attorneys or agents. If no name is listent the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (3) the name of up to 3 registered patent attorneys or agents. If no name is listent to printed. (4) the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (5) the name of up to 3 registered patent attorneys or agents. If no name is listent to printed. (6) the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (6) the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (7) the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (8) the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (9) the names of up to 3 registered patent attorneys or agents. If no name is listent to printed. (1) the name | | | | | | |
| a. Applicant claims SM | MALL ENTITY status | s. See 37 CFR 1.27. | (IF NECESSARY) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | |
| NOTE: The Issue Fee and Puinterest as shown by the reco | iblication Fee (if requ rds of the United Stat | ired) will not be eccented | francis and the | the applicant; a regis | tered attorney or agent; or th | e assignee or other party in |
| Authorized Signature | Castel | Date December 24, 2008 | | | | |
| Typed or printed name | | | Registration No. 35,041 | | | |
| This collection of information an application. Confidentialit submitting the completed applies form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 Under the Paperwork Reduction | n is required by 37 CF y is governed by 35 to plication form to the for reducing this burc nia 22313-1450. DO 450. ion Act of 1995, no pe | R I.311. The information J.S.C. 122 and 37 CFR I USPTO. Time will vary len, should be sent to the NOT SEND FEES OR Cersons are required to response to the control of the c | n is required to obtain or 1.14. This collection is e depending upon the ind chief Information OfficompLETED FORMS apond to a collection of ir | retain a benefit by the stimated to take 12 m ividual case. Any con- cer, U.S. Patent and T FO THIS ADDRESS. | e public which is to file (and inutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner f splays a valid OMB control is | by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number. |